

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713010 (7)**  
1. Corporation Name

**JOHN KNOX HOUSING, INC.**

Principal Place of Business

Mailing Address

1035 ARLINGTON AVE. N.  
ST. PETERSBURG FL 33705  
JIS

1051 2ND AVENUE NORTH  
ST. PETERSBURG FL 33705-1563

3. Date Incorporated or Qualified 06/28/1967	3a. Date of Last Report 02/14/1996
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<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b> <b>59-1209293</b>		<b>Applied For</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.				<b>Not Applicable</b>	
<b>22</b> City & State		<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip Country		<b>28</b> Zip Country		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Zip <b>25</b> Country		<b>29</b> Zip <b>30</b> Country		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>AHRENHOLZ, THOM</b> <b>1051 2ND AVENUE N.</b> <b>ST PETERSBURG FL 33705</b>	<b>81</b>	Name		
	<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)		
	<b>83</b>			
	<b>84</b>	City	<b>FL</b>	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinslating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LAURA	1.2 NAME	
STREET ADDRESS	390 WASHINGTON CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DAS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, PATRICIA	2.2 NAME	DAS
STREET ADDRESS	2517 7TH STREET NORTH	2.3 STREET ADDRESS	Davies, Idreis
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	2084 Massachusetts Ave. NE St. Petersburg, FL 33703
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTS, HENK	3.2 NAME	
STREET ADDRESS	10911 CARROLLWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLESTONE, JIM	4.2 NAME	
STREET ADDRESS	5315 BOW LINE BEND	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICKEY FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZABLE, ELIZABETH A.	5.2 NAME	
STREET ADDRESS	5620 HALFMOON LAKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWALT, FLOYD	6.2 NAME	
STREET ADDRESS	1528 SPRINGWOOD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE**

*[Handwritten signature]*

CR2E037 (9/96)